

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT	09/424482
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1		1		51	
2		1		1		1	52	
3		2		2		2	53	
4		3		3		3	54	
5		4		4		4	55	
6		5		5		5	56	
7		6		6		6	57	
8		7		7		7	58	
9		8		8		8	59	
10		9		9		9	60	
11		10		10		10	61	
12		11		11		11	62	
13		12		12		12	63	
14		13		13		13	64	
15		14		14		14	65	
16		15		15		15	66	
17		16		16		16	67	
18		17		17		17	68	
19	1	18	1	18		18	69	
20		19		19		19	70	
21		20		20		20	71	
22		21		21		21	72	
23		22		22		22	73	
24		23		23		23	74	
25		24		24		24	75	
26		25		25		25	76	
27		26		26		26	77	
28		27		27		27	78	
29		28		28		28	79	
30		29		29		29	80	
31		30		30		30	81	
32		31		31		31	82	
33		32		32		32	83	
34		33		33		33	84	
35		34		34		34	85	
36		35		35		35	86	
37		36		36		36	87	
38		37		37		37	88	
39		38		38		38	89	
40		39		39		39	90	
41		40		40		40	91	
42		41		41		41	92	
43		42		42		42	93	
44		43		43		43	94	
45		44		44		44	95	
46		45		45		45	96	
47		46		46		46	97	
48		47		47		47	98	
49		48		48		48	99	
50		49		49		49	100	
TOTAL IND.	2	2	2	2	2	2	TOTAL IND.	
TOTAL DEP.	24	24	24	24	24	24	TOTAL DEP.	
TOTAL CLAIMS	26	26	26	26	26	26	TOTAL CLAIMS	